

(Hemi-Sync® Journal, Vol. VIII, No. 1, Winter 1990)

## **HEMI-SYNC® IN CONJUNCTION WITH NITROUS-OXIDE-OXYGEN CONSCIOUS SEDATION IN DENTAL PRACTICE**

*Robert C. Davis, D.M.D.*

*Dr. Davis practices general dentistry in Erlanger, Kentucky, and is a doctoral candidate with the American Institute of Hypnotherapy. A member of the Professional Division since February of 1989, he has achieved dramatic results using nitrous-oxide-oxygen sedation and Hemi-Sync. His goal is to apply Hemi-Sync techniques toward achieving drug-free dentistry and to aid in hypnotherapy induction. Dr. Davis offers the above cases representing his results so far.*

Nitrous-oxide-oxygen conscious sedation is also known as relative analgesia. It is also commonly and incorrectly referred to as "analgesia." The term "analgesia" as defined in the Stages of Anesthesia, is one of unconsciousness and is never employed in this mode of treatment.

The concentration of gas ranged from 40%-70% oxygen, well within the limits of safety. (Air is about 20% oxygen.)

The Hemi-Sync tapes used in this study were the *Pre-Op* tape from the EMERGENCY SERIES and random METAMUSIC® tapes.

Due to the difficulty of gathering meaningful data in the clinical milieu, it was decided to report the patient's impressions and comments, along with a brief case history. Selection of patients was random, in that no one was excluded from the study for any reason, i.e., age, sex, race, attitude, etc. Expression of interest and a willingness to participate fulfilled the only requirement.

Seven cases are presented, although more than twenty have been documented. These seven cases cover a wide spectrum of fears, phobias, and anxieties associated with pain and dental treatment.

It is notable that of the twenty cases documented, there were no failures. There are, however, limitations.

### **CASE PRESENTATION**

Six of the seven patients received conscious sedation and Hemi-Sync.

#### **CASE # 1**

A middle-aged, male, Caucasian, recently unemployed, faced with a career change, had postponed dental treatment for twenty or more years. He felt that his prospects for employment would be enhanced if he could present a more aesthetic appearance.

Since all previous dental treatment had proved unsatisfactory from an emotional and psychological aspect, the patient expressed an interest in treatment alternatives.

### **VISIT # 1**

#### *Pre-Op Tape*

The patient requested a local anesthetic in conjunction with the treatment.

Patient Comment: "That's pretty good, Doc. I only felt a little pain, not bad, mind you. I'll be back."

### **VISIT # 2**

The patient again requested local anesthetic.

Patient Comment: "Didn't feel a thing, Doc. That stuff's really good."

### **VISIT # 3**

The patient did not mention local anesthetic and none was used. Four teeth were prepared for crowns.

Patient Comment: "Didn't feel a thing, Doc."

Patient Conclusion: "If I knew about this, I would have been here much sooner. I'll never wait this long again."

### **CASE # 2**

The patient was a male, middle thirties, Black, employed at a managerial level. He confessed to a morbid fear of the needles used in dental treatment and had postponed for too long.

### **VISIT # 1**

#### *Pre-Op Tape*

Several large restorations were completed.

Patient Comment: "I didn't feel a thing. That's really great."

### **VISIT # 2**

Single tooth prepared for a crown.

Patient Comment: "The pinched nerve in my neck has quit hurting. I feel good all over." (No mention of the dental procedure.)

Patient Conclusion: "There's just nothing to be afraid of. We'll be in touch more often." "By the way, Doc, I'll be back and you can help me with my smoking problem."

### **CASE # 3**

The patient was a middle-aged Caucasian female, professional, with no particular aversion to dental treatment. Conscious sedation was not used. Local anesthetic was her preference. The problem in this case was time. She had to relocate quickly in order to gain a career advantage. This required a longer-than-usual visit.

#### **VISIT # 1**

##### *Pre-Op Tape*

Several teeth were prepared for crowns.

Patient Comment: "I can't believe I've been here so long. The time just flew by." "My God, that's amazing."

### **CASE # 4**

The patient was a street-wise, teen-aged Caucasian male with a dramatic aversion to dental treatment in general and to injections in particular. He was present in my office as an alternative to the prospect of severe bodily harm promised by his parents. (The dental insurance was due to expire shortly.)

#### **VISIT # 1**

##### **METAMUSIC Tape**

Two moderately large restorations were placed.

Patient Comment: "That's weird, I mean man, that's weird." "Really weird." (No comment on the treatment.)

### **CASE # 5**

The patient was a pre-teen, Caucasian male with no history of dental fears or phobias. Since his mother was using the Hemi-Sync system, he expressed an interest.

## **VISIT # 1**

### **METAMUSIC Tape**

Two moderately large restorations were placed.

Patient Comment: "Everything's fine."

Patient Conclusion: "I could have stayed for an hour if you wanted me to."

## **CASE # 6**

The patient was a physician, Caucasian, male, late fifties. No particular dental phobias. Previous dental treatment had been accomplished without the use of local anesthetic. His entire family was participating in the Hemi-Sync program, and he expressed an interest.

## **VISIT # 1**

### **METAMUSIC Tape**

A single tooth was prepared for a crown.

Patient Conclusion: "Well—general anesthesia would be more effective—but outside of that—"

## **CASE # 7**

This is the most complex and challenging case in the entire study. The history of this patient precedes my use of Hemi-Sync tapes by several years. The patient was a Caucasian male, middle thirties, well-educated, suffering severe stress from work-related activities. For several years he had been given Elixir Donnatal 30 minutes prior to treatment, and extensive local anesthetic in addition to the conscious sedation. All of this proved to be quite unsatisfactory. The "pain" could be tolerated so he continued to permit treatment.

When the Hemi-Sync program was introduced, he was the first patient to come to mind. He was given a *Pre-Op* tape to take home and play at least once every day.

Prior to treatment, he began playing the tape when he left his home. (His wife drove.)

## **VISIT # 1**

### ***Pre-Op Tape***

Extensive local anesthetic was administered and multiple crowns were prepared.

Patient Comment: "I'm not afraid anymore." "I can sleep the night before I come to see you." "By the way, I've quit taking Valium before I go to work, I just play the tape." "I feel better without the dope."

The following day, the patient's wife appeared at my office, on his orders, to confirm what he had stated the previous day.

Patient Conclusion: "This is wonderful." "There's just nothing to be afraid of anymore." "It's a shame I just can't afford to continue." (His wife claims that this is not the case.)

## **CONCLUSION**

For the most part, dentists venture forth to work in an unmarked emotional and psychological minefield, without knowing how to defuse them. This is at least a beginning. Hemi-Sync seems to be the decisive factor in enhancing the effects of both local anesthetic and conscious sedation. The patients' comments were all highly positive. There were no cases where the patient was not impressed in some manner. Could it be that Hemi-Sync alone can be adapted to meet the needs of the patient, regardless of their degree of fear, phobia, or anxiety, without any chemical intervention?

## **AUTHOR'S NOTE**

The first effort has accomplished more than was dreamed possible. Subsequently, it has become a standard operating procedure in my practice of dentistry.

Hemi-Sync® is a registered trademark of Interstate Industries, Inc.

© 1990 The Monroe Institute